

CLINICIAN LEAVE OF ABSENCE (LOA) REQUEST FORM

THIS SECTION TO BE COMPLETED BY CLINICIAN

Clinician Name: _____

Department: _____

LOA Start Date: _____

LOA End Date: _____

Today's Date: _____

Clinician Appointment: select one _____

Department Chair: _____

Return To Work Date: _____

SECTION TO BE COMPLETED BY DHIP/SOM ADMIN

SOM Leave Start Date: _____

SOM Leave End Date: _____

DHIP Leave Start Date: _____

DHIP Leave End Date: _____

Amended Leave Start Date: _____

Amended Leave End Date: _____

Please indicate the type of leave being requested by checking the appropriate box(es).

Parental Leave (Birthing Parent)

Upload Form 1002-E (Cert. of Health Care Provider) in Smartsheet or email DHIP Service Center

Parental Leave (Non-Birthing Parent)

Upload Form 1002-E (Cert. of Health Care Provider) in Smartsheet or email DHIP Service Center

Temporary Medical Leave (TML)

Upload Form 1002-E (Cert. of Health Care Provider) in Smartsheet or email DHIP Service Center

Unpaid Leave of Absence

Upload faculty letter to Chair describing circumstances of leave in Smartsheet

Family Medical Leave (FMLA)

Upload Forms 1001, 1002-E or F (Cert. of Health Care Provider) and 1003 (Eligibility) in Smartsheet or email DHIP Service Center

Disability Leave

Upload disability approval letter in Smartsheet

Sabbatical Leave

Upload faculty request letter to Chair with leave details in Smartsheet

Research Leave

Upload faculty request letter to Chair with leave details in Smartsheet

Military Leave

Upload faculty request letter to Chair with leave details in Smartsheet

Section to be completed by Department Administrator:

Percentage of effort:

Duke Health Integrated Practice (DHIP)

School of Medicine (SOM)

Is any effort covered by grants or sponsored funds?

Yes

No

Provide details if you answered "yes" to the question.

BY SIGNING BELOW, I ATTEST THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

CONCURRENCE BY DEPARTMENT ADMINISTRATOR OR DEPARTMENT CHAIR

CLINICIAN SIGNATURE

DEPARTMENT SIGNATURE

UPLOAD THE FULLY EXECUTED LOA FORM TO THE ATTACHMENT SECTION IN DFAC.

SUBMIT SUPPORTING DOCUMENTS TO THE DCSC VIA SMARTSHEET OR EMAIL AT DHIPSERVICECENTER@DUKE.EDU